

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549489

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21			/			
22			/			
23			/			
24			/			
25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48	/	/	/		/	
49			/			
50			/			
TOTAL IND.			5		8	
TOTAL DEP.			1		1	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/		/	
52			/		/	
53			/		/	
54			/		/	
55			/		/	
56			/		/	
57			/		/	
58			/		/	
59			/		/	
60			/		/	
61			/		/	
62			/		/	
63			/		/	
64			/		/	
65			/		/	
66			/		/	
67			/		/	
68			/		/	
69			/		/	
70			/		/	
71			/		/	
72			/		/	
73			/		/	
74			/		/	
75			/		/	
76			/		/	
77			/		/	
78			/		/	
79			/		/	
80			/		/	
81			/		/	
82			/		/	
83			/		/	
84			/		/	
85			/		/	
86			/		/	
87			/		/	
88			/		/	
89			/		/	
90			/		/	
91			/		/	
92			/		/	
93			/		/	
94			/		/	
95			/		/	
96			/		/	
97			/		/	
98			/		/	
99			/		/	
100			/		/	
TOTAL IND.			3		8	
TOTAL DEP.			1		1	
TOTAL CLAIMS						